

CENTRALIZED ECG

STUDY AC-060A202: CONTROL

Marco Nief



Actelion Pharmaceuticals Ltd. AC-060A202

eResearchTechnology, Inc. (ERT)
Centralized Digital 12-Lead ECG Services



The ECG Collection Process















ERT MYSTUDYPORTAL

ECG Captured at Site

reported to site via My Study **Portal**



Customer Care

Your Primary Contact Point for ERT Questions

- Machine Technical Support
- Result Inquiries
- Site Information Updates
- Test Transmission
- Web Based Training Inquiries
- Dial the toll free number for your country and press option 1 for cardiac safety assistance

Dedicated Toll-Free Phone and Fax Numbers World-wide

Available **24x7x365** - Multilingual Support

E-mail address: customercare@ert.com



Actions on Equipment Arrival

- Check contents on arrival
 - ELI 150 ECG machine and H12+ Holter device
 - Power Cable, Patient Cable, Telephone Cable
 - Electrodes & ECG paper
 - Flashcards
 - Laminated Quick Reference Guides
 - Training CD

- Plug ECG machine in (Very Important)
 - Confirm date and time





Mortara ELI 150

- Stores up to 55 ECGs
- Weighs only 7.2 lbs (3.3 kg)
- Simultaneous acquisition of 12 leads
- Real Time ECG View
- Universal modem
- AC Power or Battery (up to 8 hours)
- Easy demographic entry, recording and transmission



Test Transmission

- ERT recommends completing a test transmission
- A test ECG will already be stored on each machine for this purpose
- Sites should contact ERT customer care if there are any problems transmitting the test ECG



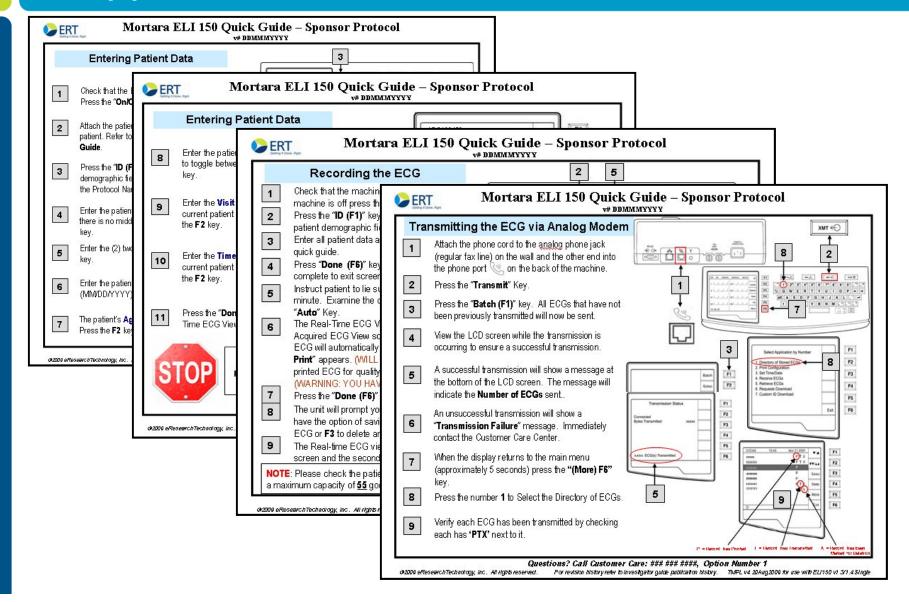
This procedure allows ERT to confirm successful ECG transmission from your site, and to assist with any issues prior to first ECG capture



Your Site



Supplied Quick Guides



Ensuring Quality Tracings

- Patient Preparation:
 - Skin Preparation
 - Proper Electrode Placement
 - Good Electrode to Skin Contact
 - Remove Jewelry
 - Patient in Supine Position Prior to Recording
 - No Patient Movement During Recording
 - Good Cable Connections (attached properly)
 - Avoid Electrical Interference (e.g. Cell phones should be switched off)



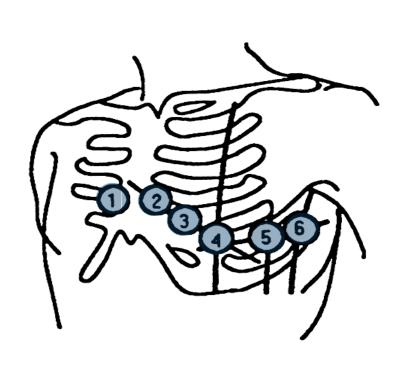


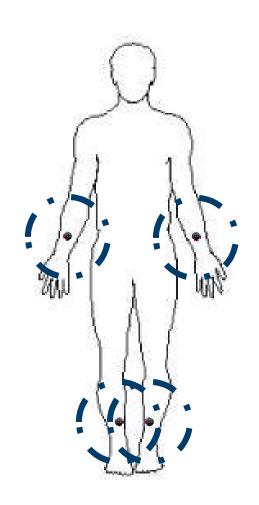
Good Quality Tracing





Standard 12-Lead Electrode Placement







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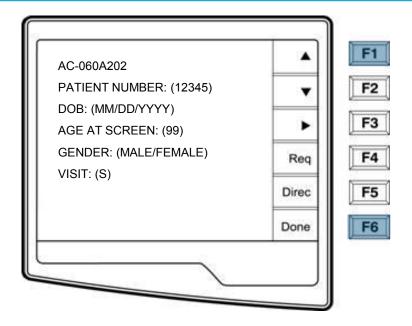
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ECG Visit Schedule

Actual Visit name	Visit Code
Visit 1 (Screening)	1
VISIT 2 (DAY 1) A	2A
VISIT 2 (DAY 1) B	2B
VISIT 2 (DAY 1) C	2C
VISIT 3 (WEEK 1)	3
VISIT 4 (WEEK 2)	4
VISIT 5 (WEEK 4)	5
VISIT 6 (WEEK 8)	6
VISIT 7 END OF TREATMENT	7
VISIT 8 END OF STUDY	8
UNSCHEDULED	U



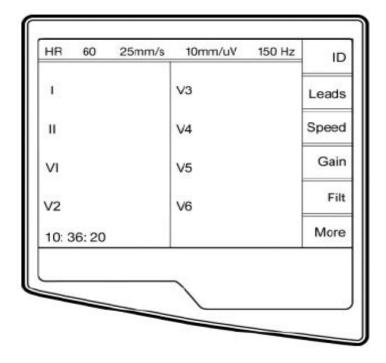
Entering Patient Demographics



- Press F1 (ID) key to enter patient demography
- Press F6 (DONE) key after last entry



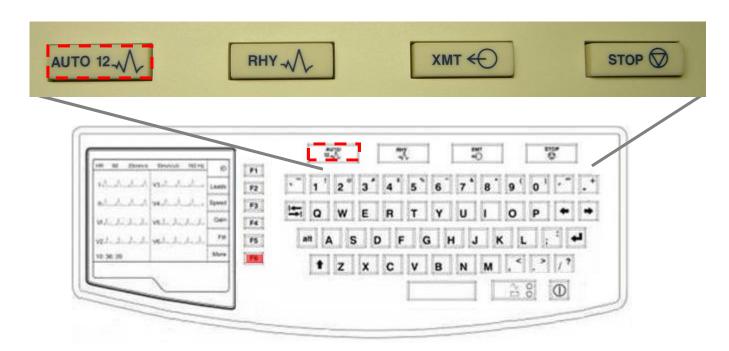
Recording ECGs



Check the LCD screen to ensure quality



Recording ECGs



- Press AUTO key to record the ECG
- Press F6 (DONE) key after printing

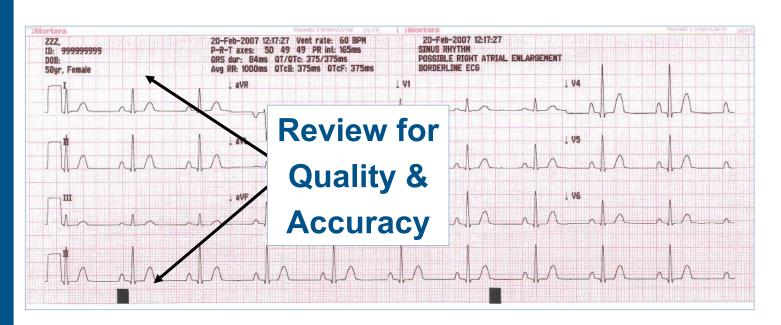


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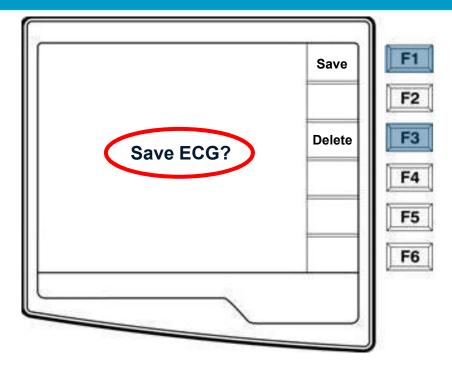
ECG Print Out

- Standard tracing with 10 second Lead II strip
 - 2 copies of each ECG will print out
 - Z-Fold Heat Sensitive Paper
 - take a photocopy for your permanent records
 - Machine interpretation is given as a guide only





Saving ECGs

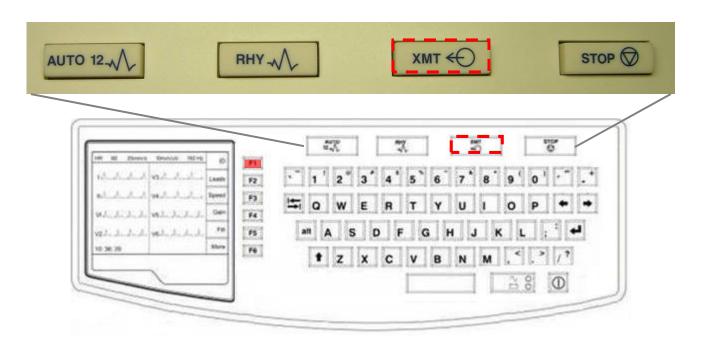


The unit will ask "Save ECG?"

- Press (F1) to Save
- Press (F3) to Delete



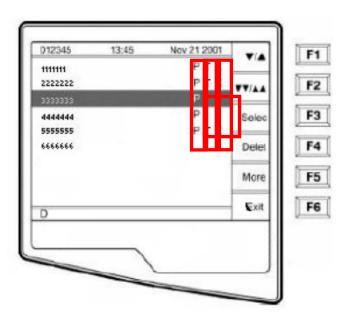
Transmitting ECGs



- Plug the device into the phone line.
- Press the XMT key (Transmit key)
- Press the (F1) key to Batch Transmit



Patient Directory



VERY IMPORTANT:

Verify each ECG has been transmitted by checking (P/T/X):

P = Printed

T = Transmitted

X = Marked for deletion



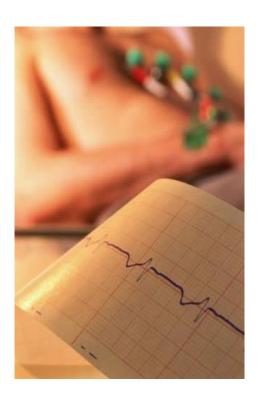
ECG Analysis Summary

Interval Duration Measurements (IDMs)

- RR, PR, QRS, QT
- HR, QTcB and QTcF derived

Cardiologist Interpretation:

- Rhythm
- Ectopy
- Conduction
- Morphology
- Myocardial Infarction
- ST Segment
- T Waves/U Waves
- Physician's Comments





ECG Analysis Report

ECG Analysis Repo	ort					
Sponsor: Protocol: Account: Transmittal Number:	DEMO SPONSOR PROTOCOL DEMO2 051715 63172					
Evaluation Interpretation:	Normal	Evaluation By: Evaluation Date/Time:	Marisa Diaz 24-APR-2009 10:27			
For Site Use Only. Investigator Signature:		Date:				
Generated on: 24-APR-09	10:32:52		Page 1 of 1			
1818 Market St. Suite 1000 Philadelphia, PA 19103-4001		Pegasus House, Bakewell Road Peterborough, Cambridgeshire PE2 6YS United Kingdom				
Issued to: C BLUE mdiaz@e	ert.com; C BLUE mdiaz@ert.com					

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Investigator Signature:

Generated on: 24-APR-09 10:32:52

1818 Market St.
Suite 1000
Philadelphia, PA 19103-4001

Peterborough, Cambridgeshire PE2 6YS
United Kingdom



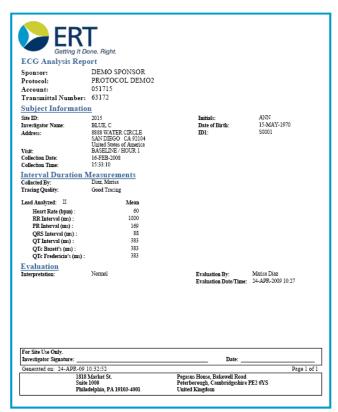
ECG Results Reporting

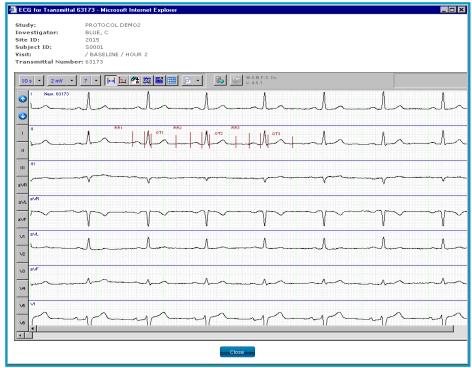
My Study Portal ECG reports and waveforms

 The ECG Analysis Report will be provided to the investigator site via My Study Portal within 72 hours

ECG Reports & Images
ECG Analysis Reports
Source ECG Tracing

This excludes weekends and holidays





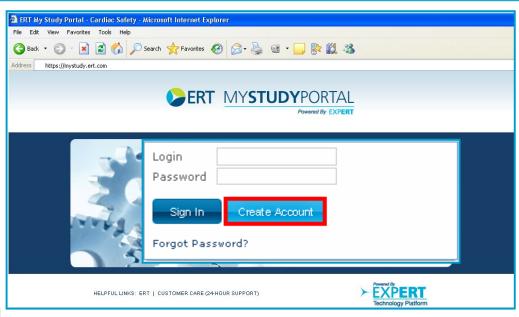


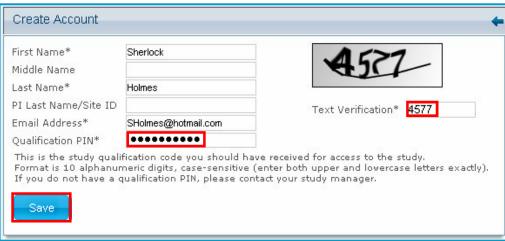
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Creating an account

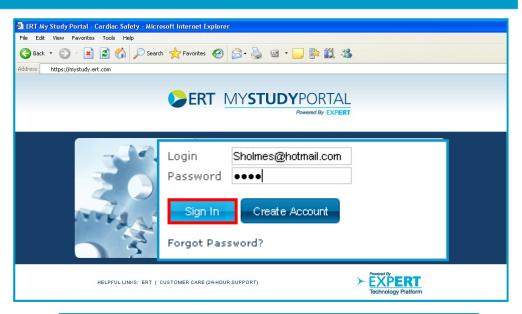
- Access My Study Portal and click on create account
- Enter contact details of Site Qualification entry contact
- Carefully enter the Qualification PIN. This is a 10 digit, case sensitive PIN distributed by the sponsor
- Complete the Text Verification field by copying the number shown into the box provided
- Confirm all details are correct and click "Save"
- This creates the user account in My Study Portal

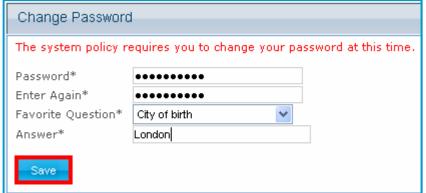




Logging in

- An email will be sent to each account created in My Study Portal containing the username and a temporary password
- Access My Study Portal, enter the provided login credentials and click "Sign In"
- You will be asked to change your password and provide the answer to a favorite question.
- This question will be asked if you forget your password
- Complete these fields then click "Save"





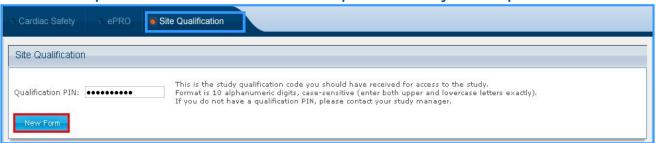


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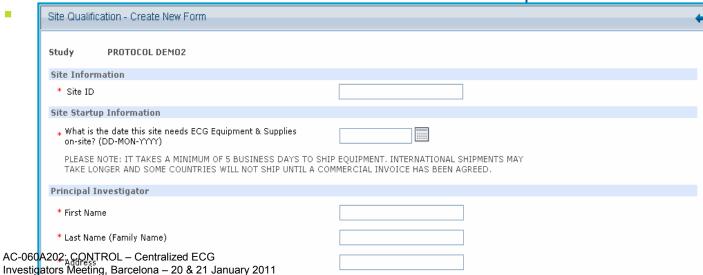
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Site Qualification

- Click Site Qualification tab
- Enter the protocol Qualification PIN provided by the Sponsor and click "New Form"



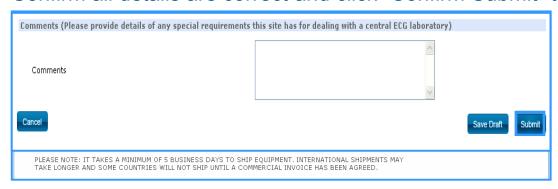
The Site Qualification form will be displayed. The SQF entry contact must enter the **site number**, along with the **full site address** and **dialing details**. All fields marked with a **red asterisk** * must be completed



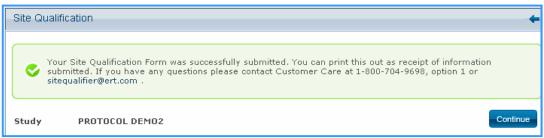


Site Qualification

- Complete all required fields and click "Submit".
- Confirm all details are correct and click "Confirm Submit" to send the form to ERT.



A confirmation message will be displayed and emailed to the user.

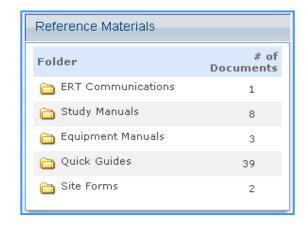


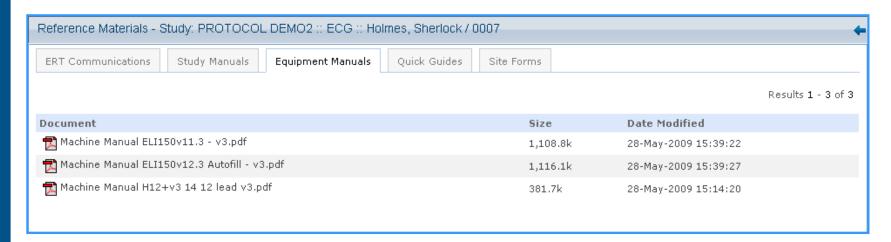
- Please allow 5-10 business days for shipping of equipment.
- The Site Qualification Form only needs to be completed once per site



My Study Portal Quick Guides

- Copies of the ERT Guides and Manuals are posted on My Study Portal
- Any modified versions will also be posted here







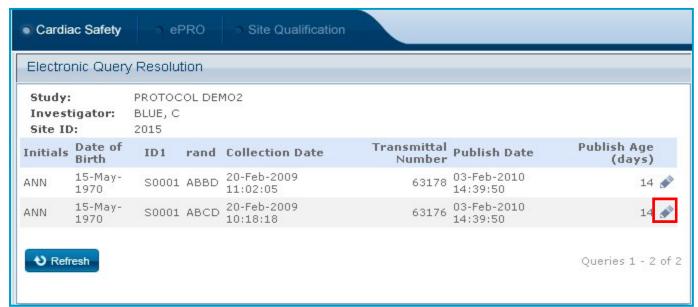
Avoiding Queries

- Please take care when entering data.
- Be sure to check the demography and visit code information.
- Ensure transmittal forms are completed correctly.
- ECG results will not be available until all queries are resolved.



My Study Portal (ECG and ECG Extraction only)

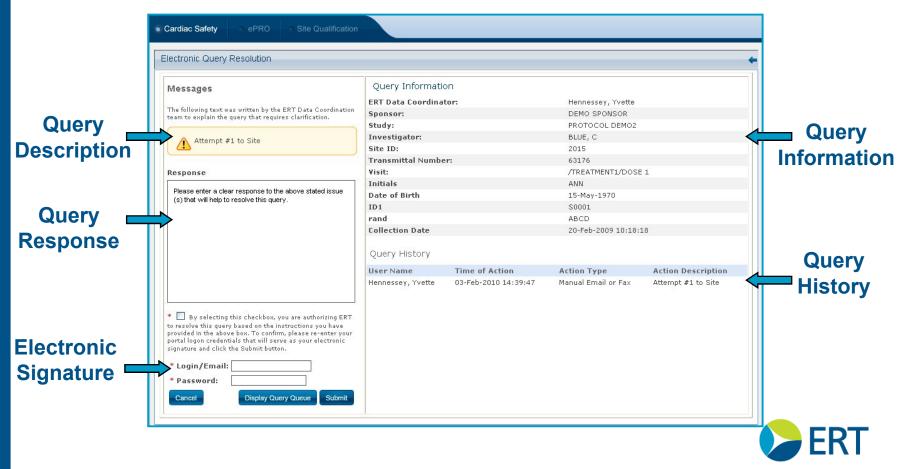
- Sites are able to respond to active queries online using
 My Study Portal
- Access the "Electronic Query resolution" portlet
- Click the pencil icon to access the query





My Study Portal (ECG and ECG Extraction only)

- The online query is displayed
- Sites may enter their resolution and submit this to ERT



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Paper ECG Submission Form

		Paper ECG	Submi	ssion F	orm			
		Complete Or	ne Form	Per Sub	ject			
Client:								
Protocol:		l.						
Account ID:								
Document Version:		1						
	122200	23343723						
OMPLETE THE	FOLL	OWING:						
Investigator: Site #								
Subject ID1:			40		211		T .	
Subject ID1:		1					-	
Initials:		1	-		-		8	
DOB:								
Gender:			_					
Visit (refer to Study Man	ual):		-					
Collection Date:	uuny.				-		6	
Collection Time:							7	
Other:								
Recipient:	TO ERT (via courier): North/South America: ERT			All other Countries:				
	Attention: Data Coordination				Attention: Data Coordination			
Recipient Address:		Market Street, Suit			Pegasus House, Bakewell Road			
	USA	lelphia, PA 19103-	3636			Orton Southgate Peterborough PE2 6YS UK		
Recipient Phone:	+1-800-704-9698, option 1 (US/Canada)			+1-800-704-9698, option 1 (US/Canada)				
. te dipierit i i i i i i i i	+1-908-595-2020, option 1			+1-908-595	+1-908-595-2020, option 1			
	(Refer to Study Manual for Toll Free Country Specific No.)			(Refer to Study	(Refer to Study Manual for Toll Free Country Specific No.)			
Site Representative	9	Site Repr	esentativ	e Signat	ure	Date		
•				escent les				
	(PI	M to remove if n	ot GMB	Fully Au	ito study)			
Mon ECC/a) and a	ad unic			I Use ON		Casalor	no ID:	
Was ECG(s) collected using the ERT supplied ECG machine for protocol above		□ Yes	□ No	Initials:	Employ	ee ID:		
			•					

AC-0

- If you receive a query for a missing ECG
- Check Patient Directory on the machine
- If the ECG is no longer stored in the ECG Machine, send one of the two original tracings to ERT along with a completed Paper ECG Submission Form
- Respond to the query with the Tracking information



Data Clarification Form (Holter Arrhythmia only)



Data Clarification Form

New, 22-FEB-2007

Results will not be available until query is resolved.

To: Kate Ward Fax: Email: kward@ert.com

From: Kathleen Ward

Sponsor: UAT Protocol: C1236(Active)

Investigator Name: Ward, Kate Site ID: 5278

Query:

Please confirm if v7 was/was not performed for this patient. If performed please retransmit, ECGs If unable to retransmit, courier the original ECG to eRT for processing. Thank you.

Visit / not pergormed

Signature: Jan Jan

Date: 18-5uly-2007

Please complete the resolution section, sign and date this form, then return this form to Philly, Data Coordination; Fax: 866 745 0810

Generated on: 22-FEB-2007 13:44:14

Page 1 of 1

30 South 17th Street
Philadelphis, PA 19103-4001
United States of America
Phone : 1-800-704-9698
Fax : 1 216 972 0414

1150 U.S. Hwy 22 East Bridgewater, NJ 08807-2912 United States of America Phone : 1-800-704-9698 Fex. : 1 908 704 8275

CORPORATE OFFICES

Pegasus House, Bakewell Road Peterhorough, Cambridgeshire PE2 6YS United Kingdom Phone: 101 908 595 2020 Fax: 011-44-1733238782



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Data Revision Request Form

ERT Getting It Done. Right.	and the second s	Dai	ta Revision Request For	·m_
Subject Data				
Initials				
Date of Birth				
Gender				
Subject Number				
Screening/ Randomization Number				
ECG/Holter Visit				
ECG/Holter Date				
ECG/Holter Time				
		Si	ignature	
e to provide signature will				

Signature

Site (failure to provide signature will prevent edits being made)

AC-060A202: CONTROL—Centralized approval required if date or time Investigators Meetinghanges and lesso reasons in day light savings)

ERT

Return of ECG Equipment

- Save shipping materials for returning equipment at end of study
- Return the ECG machine including cables via courier
- Sites are not required to return reference materials or electrodes





Thank You

